

CPCS INTERNATIONAL
Child Protection Centers and Services
www.cpcs.international



Yearly Progress Report

January – December 2020

Forword



Dear friends, partners, readers,

To begin with, I wish everyone a happy new year. Hopefully 2021 will be a more pleasant year and our mobility will be less restricted. The whole world is looking forward to the vaccine and this gives enormous hope and a boost to get back to our normal life.

This applies especially to all those people who lost their work, income and their home due to the lockdowns as a result of the COVID-19 virus. All over the world, the least favored have gone even more deeply. Poverty among the most fragile population has rapidly worsened and it will be a long time before it can be brought back to normal. Especially in a country like Nepal where social security is still non-existent.

In this annual report I also give the floor to the frontline workers of CPCS and its Alliance. After all, they deserve our utmost respect and gratitude.

They did not shy away from taking to the streets and offering relief to the weakest. In addition to essential basic supplies, medical and mental support was also offered.

In remote areas, social workers went door to door in village communities. They listened, gave advice, and offered practical help.

All this with the high risk of being infected by the Corona virus.

Our thanks also go to the residential workers in the centers who remained in their posts and continued to work bravely. Even though this required a quarantine of weeks, seven days a week, 24 hours a day. We should not forget our administrative staff, they worked from home for weeks and made the logistics possible for the relief and crisis work that was done.

But especially thanks to all our partners who did not abandon us in these difficult times and who continued to support us.

Thanks to all for the confidence you have shown in CPCS and its operation.

On to a new year, let's beat this virus together. Let's join forces and continue to work boldly for the most vulnerable in our society.

Together we can realize our dreams for a better world.

A handwritten signature in blue ink, appearing to read 'Inge Bracke', written over a horizontal dotted line.

*Inge Bracke
Country Representative Nepal*

A word from the President of CPCS International



Dear well-wishers, dear partners, dear friends,

This report provides a comprehensive summary of the CPCS Alliance (www.cpcs-alliance.org) programs in Nepal. Since the 19th July 2002, CPCS's team has been working at the front line to ensure efficient, reliable, child-centred programs to cope with the significant issues faced by children, youth and family in street situations.

According to the General Comment N°21 on Children in Street Situations: "Interventions are of most benefit to children when the children themselves are involved actively in assessing needs, devising solutions, shaping strategies and carrying them out, rather than being seen as objects for whom decisions are made. CPCS International, its partners and its wonderful team try their very best to ensure we promote and follow this perspective.

For sure, 2020 was a tough year. The International Covid Crisis has created additional difficulties for whom living, working under the open sky. New strategies had to be invented by our creative team, new ways of serving, new ways of coping with new risks, new challenges...

With my message here, I want to enlighten the great work, once again, done by our front line social workers, taking risks to serve, taking risks to reach those children, youth and families living in difficult circumstances.

Nowadays, CPCS is turning, our local branches in Nepal are strengthened to deal with local authorities and develop better approaches, programs and activities again. On the underhand, we are slowly but surely developing some activities in other countries. (Great Lakes region in Africa mainly) because our philosophy, our way of work, our experiences, our methodologies can also serve elsewhere...

Thanks to our friends, partners, foundations, schools, Charity Clubs, from so many countries, that despite their covid-related difficulties are still organizing fundraising activities and supporting what we do, understanding why it's important to go ahead...

We will continue to serve, we will go ahead and for the best interest of thousands of children, youth and their parents,

Yallah (let's go ahead),

A handwritten signature in black ink, appearing to be 'J. Ryckmans', written in a cursive style.

*Dr. Jean Christophe Ryckmans
President CPCS International*

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Abbreviations

104	Police Cell – Found and Missing Children
BHCA	Better Health Care Access
CCWB	Central Child Welfare Board
CLASS	CPCS Local Action and Support Services
CPP	Child Protection Policy
CYIS	Children and Youth in Street Situation
DIC	Drop InCenter
DKG	Dignity Kit Girls
ECD	Early Child Development
ET	Education Ticket
FCC	Family Care Center
IES	Informal Education System
INGO	International Non-Governmental Organization
LSA	Local Social Actor
LSP	Legal Support Program
MSP	Medical Support Program
NGO	Non-Governmental Organization
NCRC	National Child Rights Council
RD	Relief Distribution
RSS	Residential Schooling Support
SEE	Secondary Education Exam
SSW	Social Street Worker
SWC	Social Welfare Board

INTRODUCTION

CPCS Alliance is a global movement of partners and NGOs supporting children and youth in street situations around the world. This alliance aims at realising the pieces of advice in the General comment No. 21 (2017) on children in street situations prepared by the Committee on the Rights of the Child (<https://www.ohchr.org/en/hrbodies/crc/pages/crcindex.aspx>)

The CPCS Alliance defends and uses an interactionist approach to understand how children and youth in street situations create their social identity while confronted with dynamics of domination, labelling and violence. There's no denying that their ability to survive in the streets has huge impacts on their career, which is also influenced by their ability to use with the institutional network supposed to help or control them. We have approached those life stories with a deep analysis of their inherited identity (e.g., cast, religion, family and community background; the identity developed by street situations (e.g., survival group, regular activities, drugs, physical, moral and sexual violence); and their projected identity (e.g., dreams, expectations, projections). Inspired by the work of Pr. Daniel Stoecklin (University of Geneva), we use the Actor System (Stoecklin, 2000) and the kaleidoscope of experience (www.self-acting.com) as toolboxes to understand the meaning children are giving to their realities.

The CPCS Alliance and its members foster a rigorous methodological approach but advises meanwhile to include and involve children and youth concerned, by useful, realistic and respectful interventions. The paradox between the institutional discourse (presenting children as actors of their life and rights), and the reality on the ground (where intervention tools integrate a part of the individual's perspectives and the interactional context about concerned subjects) is a thorny issue. Public authorities as well as NGOs should refuse the neo-liberal approach institutionalizing children rights as a "culture of quantitative results" and promoting it as a systemic and comprehensive approach where children are empowered as real social actors. Considering children best interest, reinventing a child protection system, recognizing them as a subject of rights, ensuring partnership with various networks or organisations like-minded, those are the priorities of our Alliance.

OUR MISSION

CPCS has been working on the protection of children in street situations and marginalized conditions in Nepal since 2002. Numerous reasons lead children to the street: peer pressure, media influence, natural disasters, family break-up, poverty, family violence, dreams of a well-paying job or access to free education, dreams of an easier life in the city.... Children migrate from their hometown or village to Nepal's big cities. Once there, they generally end up on the street where they have to face its multiple dangers: drugs, abuses, crimes, hatred, exploitation, discrimination, intimidation, illegal detention and STDs.

CPCS aims to work for a society where all children are **respected, valued** and **protected**. Our mission is to deliver basic services (medical, legal, psychological, educational, etc.), in order to bring immediate improvement to children in street situations and children at risk.

CPCS Program in 3 levels:

- **Prevention** (*before and during the street life*): a set of interventions focused on
 - ✓ Preventing and avoiding the arrival of the child in a street situation.
 - ✓ Raising awareness among the public, families, authorities, and children themselves about the realities of street life (its causes, dangers, aspects, and consequences).
- **Risk Reduction** (*during life in the street*): a short-term perspective focusing on the immediate reduction of street life dangers.
- **Social Rehabilitation** (*after the street life*): a mid-term perspective focusing on progressive and eventual reintegration of the child into society.

CPCS International and its alliance are members of following networks:

- Street Workers Network – Dynamo International

www.travailderue.org



- Child Safe Alliance – Friends International

<https://thinkchildsafe.org/>



- Consortium for Street Children

<https://www.streetchildren.org/>



OUR OBJECTIVES

- To develop services directly on the street **to offer protection** to children in street situations and to reduce the risks they are exposed to.
- To develop services allowing children in street situations **to take a step forward** toward their reintegration into society and into their family.
- To develop prevention programs to **prevent more children** from coming to the street.
- To **take on the children's problems** with understanding and respect, considering them not as victims or delinquents but as people with diverse skills.
- To be a **bridge** between the street and the society.
- To reduce the risks faced by children in street situations.
- To give the children in street situations basic **education, attention, and support**.
- To protect the **children's fundamental rights**.
- To raise **awareness** of children in street situations in Nepal and abroad.
- To give children access to **healthcare** and **hygiene** services.
- To **reintegrate** children in their community and reunite them with their families.
- To reduce and progressively **abolish** all forms of **child exploitation**.
- To fight against some of the worst forms of child labor.
- To **mobilize** communities, organizations, institutions, and families to better meet the children's needs.
- To contribute to enforcing the Child Act (1992), to provide **legal support** for children in street situations.

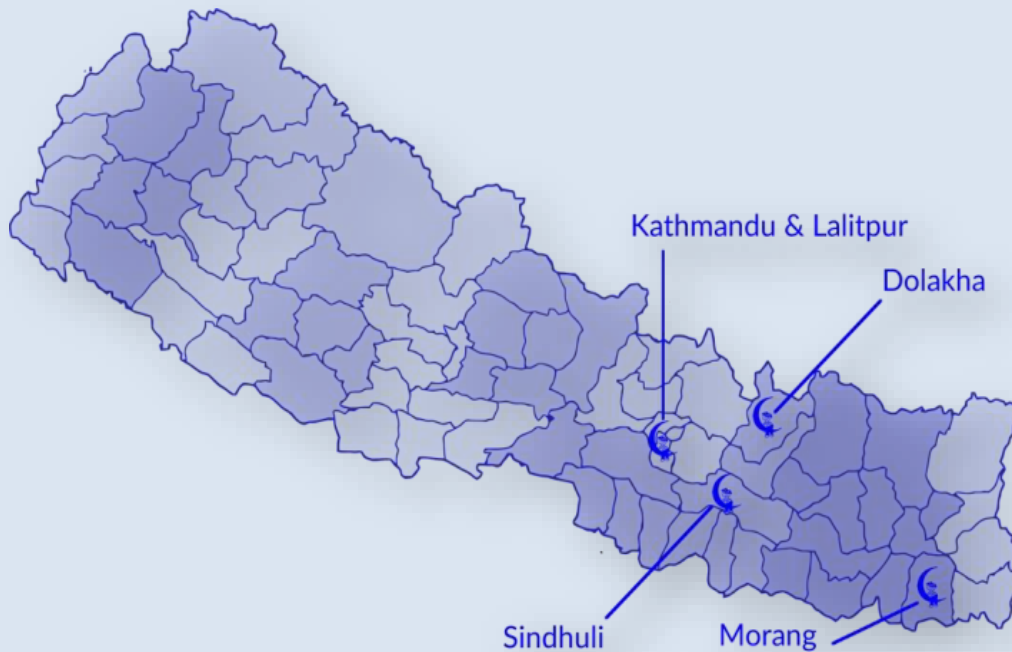
OUR INTERNATIONAL PARTNERS

Special thanks to all our partners for their support:

1. The American Himalayan Foundation (AHF) – USA, 2. L'Association des Amis de Soeur Emmanuelle – Belgium, 3. Dynamo International – Belgium, 4. The Nick Simons Foundation – USA, 5. SOS Enfants Abandonnés – Belgium, 6. La Fondation Vieujant – Belgium, 7. Kinderleven-Vie d'Enfant ASBL – Belgium, 8. La Chaine de l'Espoir – France, 9. CPCS-France , 10. CPCStan France, 11-15. The Rotary Clubs of Honolulu (US), Durbuy (Belgium), Brussels (Belgium), Paris (France), London (England) and the R-6, Rotary Arendonk (Belgium); 16. La communauté de la resurrection – Belgium, 19. L'INDSE de Bastogne – Belgium, 20. Kids in need Nepal – Belgium, 21. De Brug – Belgium, 22. The Van Dijck Family and friends, 23. PPOT (Belgium), 24. Sukhi Home – Belgium; 25. Himalayan Projects – Belgium, 26. Jens Van Cleyenbreugel and friends, 27. Savoir Oser la Solidarité _ Ecole de Management de Grenoble – France, 28. La foundation Futur–Belgique, 29. Rob Van Acker – Belgium, 30. KiNN–Belgium, 31. Damesclub Waregem – Belgium, 32. Rita Rogiers – Belgium, 33. Child Save Movement – Cambodia, 34. Consortium for Street Children – UK, 35. Nadia Van Herck – Belgium, 36. Medici de la Pace – Italy, 37. Maureen Drieghe – Belgium.

OUR LOCAL PARTNERS IN NEPAL

THE CPCS ALLIANCE IN NEPAL



CPCS International supports 4 local NGO partners in different districts:

Kathmandu – CPCS (Child Protection Centers and Services)

Sindhuli – CRPC (Child Right Protection Center)

Morang – ORCHID (Organization for Child Development)

Dolakha – CPRC (Child Protection Child Rights)

The local work force consists of administrative staff, accounting experts, social workers, nurses and health assistants, teachers, psychologists, lawyers, care takers and drivers.

A total of 72 task-oriented jobs.

WWW.CPCS-ALLIANCE.ORG



CPCS

"Child Protection Centers and Services"

Godawari, Lalitpur, Nepal
Tel: 01 5560700, 01 6224660, 9801245550



Morang
Tel: 9801245521



Dolakha
Tel: 9880395432



Sindhuli
Tel: 9801245508

ACHIEVEMENTS

PREVENTION PROGRAMS

Supported by La Chaine de l'Espoir- France

BETTER HEALTH CARE ACCESS (BHCA) IN PUBLIC SCHOOLS (JANUARY TO DECEMBER 2020)

- **27** supported BHCA Centers (schools)
- **26** nurses hired for the BHCA Program
- **5** Health Assistants hired for BHCA and the regional office
- **8434** student beneficiaries in all **27** BHCA program
- **21896** students got BHCA medical service in different schools (**9410 Boys** and **12486 Girls**)
- In total **27070** people got consultation through the BHCA Program (students and more)
- **3692** Dignity Kits for girls distributed in **27** schools
- **324** meetings with school principals
- **664** meetings with nurses
- **3** sessions of training to nurses about CPP (Child Protection Policy + First Aid + Counseling)
- **18** Nurses are attending in training in Kathmandu.
- **865** awareness sessions for children; **23780** children benefiting from awareness sessions
- **411** Health Camps for children; **12542** children benefiting from Health Camps
- **1157** children referred to Hospital/health posts
- **1226** children referred for counseling/psychological support
- **571** awareness sessions for parents; **7486** parents attending awareness sessions
- **75** children got emergency support through the BHCA Program (Nutrition as well as COVID relief)

CLASS (CPCS LOCAL ACTION AND SUPPORT SERVICES) FROM JANUARY TILL DECEMBER

All CLASS centers were phased out. The CLASS centers were replaced by a BHCA (Better Health Care Access program). School by school was monitored. Based on the motivation of the school committee, accessibility of the school, the number of children living below the poverty line, the economic situation of the environment and willingness to cooperate in the context of the Rights of the Child and Child Protection policies, it was decided to set up a BHCA center. .

The BHCA program supports all school children and their communities and is not limited to a few school sponsorships.

In this way it works for the benefit of an entire community. The effectiveness of this transformation benefits an entire community and provides wider opportunities for direct support without bureaucratic delays.

The BHCA program also offers emergency assistance besides medical and psychological care.

There are currently no more CLASS programs in any of the regional centers. As of March 2020, there were only 2 CLASS centers those were closed from March 2020.

1. CLASS Chalnakhel (Shree Chalnakhel Basic School) - 25 children.
2. CLASS Khowp (Shree Ganesh Secondary School) 25 children.

But both centers are now (From November 2020) transformed to BHCA centers.

Total CLASS children from January till March 2020:

Total 50 children are present in 2 CLASS center till March 2020 in CPCS Kathmandu.

Following FCC (Family Care Centers), RSS (Residential Schooling Support) and Regional Centers are running in different partners' organizations:

- **In Morang District: 1** Regional Center (**75** children) Those children are come to center for Snacks and Activities.
- **In Kathmandu District: There is no more CLASS center in Kathmandu they all are converted in to BHCA.**
- **In Dolakha District: 2** FCC in Dolakha regional center and Charikot city office, Regional Center Deurali **35** number of children are came to regional office from surrounding area and in Charikot city FCC center **40** numbers of children are came for snacks and activities.
- **In Sindhuli District: There is one regional center in which 30 numbers of children are come for snacks and activities. There are 2 BHCA center.**

DAILY ACTIVITIES IN FCC AND REGIONAL CENTERS

- **Awareness** on Child Rights, health & hygiene, earthquakes, street risks, sexual abuse, COVID-19.
- **Provide** emergency support for needy children.
- **Health & medical checkups, homework** check-up, information on culture & religion, dancing, drawing, singing, English writing, storytelling, cleaning, art & crafts, sports, games, visits, picnics, celebrations (New Year, religious: Holi...), competitions (singing, dancing, carom, sports, ...)

FCC, REGIONAL CENTERS (January till December 2020)

- **16002** meals/snacks have been distributed to children attending the daily tuition class, activities and snacks coming from prevention program (Regional office / FCC / CLASS).
- **190** health sessions (camp, check up, awareness) for **7842** children in different centers.
- **1655** children are given medicine and health service.

EMERGENCY LINE

1701 calls treated by the emergency line: **809** for medical assistance, **11** under arrest, and **583** information calls received this first semester.

“**National Centre for Children at Risk**” referred **41** children to our DIC through the emergency line.

MEDICAL SUPPORT PROGRAM (RECOVERY GODAWARI)

- **1953** cases of assistance during the First Aid (day & night) patrols of our medical teams.
- **2096** in patient children are treated in Recovery center.
- **700** out patient children are treated in recovery center and **3872** children admitted in patient night.
- In average, **10 children are treated daily** in our recovery centers.
- **22** cases were referred to various hospitals for further checkup.
- **10** children were admitted in hospitals for **47** day night stay.

SCHOOLING PROGRAM

- **2** young people enrolled in schools + **2** through our residential schooling programs.
- **2** youth passed SEE.

COUNSELING SERVICES

- CPCS psychosocial counselors gave individual counseling for **306** cases and group counseling for **46** cases.
- **8** cases were linked to physical and moral abuses and **0** were sexual abuses.
- **190** general awareness classes
- **33** awareness sessions for COVID-19.



LEGAL SUPPORT PROGRAM (LSP)

- **3** young people or children benefited from legal assistance after they were taken into custody.
- **9** were released after our intervention.
- **22** jail- and **11** custody-visits.
- **33** meetings with the police.
- **939** children attending **44** awareness sessions on legal matters and **25** awareness programs conducted with the public.

REHABILITATION AND DIC PROGRAMS

- **24** new children enrolled in **CPCS Rehabilitation program**.
- **41** children were referred by Central Child Welfare Board (NCRC) and Center for Children at Risk (104) and **6** children rescued from field.
- **10** children/young people sent to other organization for rehabilitation.
- **8** youth referred in other organization for training.
- **33** children /youth family reunifications.
- **42** children/youth family visits.
- **4** children/youth dropped out.
- **98** children/youth follow-up families.
- Regular meeting with **104 children** and NCRC for child protection policy.

YOUTH PROGRAM

- **37** young people are followed up by our teams.
- **5** young people are still with us as **peer social workers**.
- **5** young people are in **training**.
- **2** young people completed SEE.
- **29** young people met their families again (**family reunification**).
- **4** young people went back home.
- **1** young people stayed in his/her own room.

OTHER ACTIVITIES (FROM JANUARY TO DECEMBER 2020)

CONSTRUCTION OF A NEW BUILDING, GODAWARI

Our six-monthly report stated that the new construction would be completed in November 2020. As expected, COVID-19 and the lockdowns have caused a delay and the target date has been moved to the end of February 2021.

Due to the lockdown in March, there was an exodus of workers from the city to their villages. Most of them have not returned. And with the Dashain and Tihar festivals at the end of November, even more have been absent. As a result, there was a significant shortage of construction workers, electricians and plumbers. What is more, during the lockdowns the border between India and Nepal was closed, this has led to a shortage of building materials since most of them come from India.

As of December, work is progressing well and things are starting to take shape. The structural work has been completed and the finer work is in full swing.

There are water tanks on the roof, tiles are being laid, electricians and plumbers are active, and painters are ready to give the building a beautiful colour inside and outside.

If work continues at this pace, it looks like the Recovery Center and other services will be able to move into the new building by late February / early March 2021.



The new building in Godawari still under construction

PARTICIPATION DIGITAL FORUM AND PILOT GROUP – DYNAMO INTERNATIONAL

ONLINE INTERNATIONAL PILOT GROUP - BRUSSELS - BELGIUM - 26-27 OCTOBER 2020



The representatives from the Asian platform - Dynamo International

58 members from 36 countries from the Africa, Americas, Asia, and Europe regions participated in the Digital Forum.

In 2018, we planned to organize in Nepal a 3rd *Words From the Street* (WFS) Forum in October 2020 and to hold the 2020 PG (DISWN's decision-making body) in Brussels (Belgium) as part of this event. In May 2020, faced with the global repercussions of the COVID-19 pandemic, we decided to postpone the WFS Forum and hold it between 18th and 22nd October 2021.

However, we decided to offer an online week of discussion, personal accounts and reflection in order not to waste the momentum already generated. We christened this week *StreetWeb* (26-30 October 2020) and decided to hold the 2020 Pilot Group as part of this event. CPCS took part in the WEB OF THE STREET FORUM - Organized by Dynamo International from October 26th to 30th.

800 people from 53 countries around the world took part in the International Digital Forum of Social Streetworkers, « Web of the Street », to talk about their experiences and share good practices in these

troubled times. The main observation is sadly familiar : we are not equal in the fight against COVID-19. The story of a homeless man clearly illustrates this : worried about closing stores and empty streets, he only heard about the existence of the pandemic through a social worker, 15 days after the start of the sanitary confinement.

The pandemic underlines the problems linked to poverty, exclusion and discrimination. Everywhere repression and especially stigmatization of populations in street situations are accentuated. In this crisis, young people from 18 to 25 are particularly vulnerable. Testimonies on that aspect are numerous. At the four corners of the planet, lack of opportunities for young generations is demoralizing at best when not fatal. Mental health, an omnipresent topic during the international forum, worries a lot of communities of social streetworkers.

Despite these pessimist observations, there are some positive consequences of the pandemic that must be underlined. The pandemic has incited solidarity between citizens and has strengthened collaboration between authorities and social streetworkers. In fact, when the first wave of the pandemic occurred, several cities took measures to house homeless people. Nevertheless, we are wondering how long these actions will last. What will be the situation after the crisis ? Can we hope that the struggle against homelessness won't be neglected anymore after the end of the crisis ?

TRAININGS - PROTOCOLS AND PERSONAL PROTECTION EQUIPMENT – COVID-19

CPCS staff members are front-line workers who have direct contact with children and the public. This makes them particularly vulnerable to contamination and it is extremely important that they protect themselves.

CPCS immediately purchased PPE material to protect its frontline workers, the beneficiaries and surroundings.

PPE material must be used professionally to be effective. CPCS medical staff organized training courses for all staff members. Office workers, caretakers, social workers, paramedics and beneficiaries. They all received a COVID-19 training that was updated regularly given the ever-changing lockdown situations imposed by the government.

The written protocols must also be strictly followed by everyone in order to ensure that the precautions are properly taken into account and to obtain an effective result.

After all, the tendency to relax protocol regulations is human. Employees were urged to be constantly vigilant and rigorous in applying the protocols in the centers and during field and door-to-door visits. The importance of strict PPE self-protection while distributing relief packages to the public has also been rigorously enforced.



The rules of the protocol were explained to all team members and the practical application of the protocols was explained and implemented.

It was also important that the ambulance services transported the patients safely. Modifications were made to the vehicles (plastic tarpaulins between the driver and the patient) and a strict protocol, such as disinfection of the inside of the vehicles, was applied.

Frontline workers who had to accompany patients to and in hospitals were trained to protect themselves and their patients. In Nepal, hygiene in hospitals is far from effective which makes hospitals the ideal environment for the virus to spread.

It is understandable that frontline workers feel anxious when doing tasks that demand direct human contact. They felt reassured by the training and found it more pleasant to be able to perform their tasks after the training. Good knowledge of the pandemic and its consequences had a positive result on the work and activities.

DISASTER MANAGEMENT - PURCHASE AND ORGANIZATION OF EMERGENCY SUPPLIES



Nepal is extremely sensitive to natural disasters due to its geographic location between the Himalayan mountain range and the Terai plains.

Nepal lies on a major fault line of two tectonic plates. The earthquakes in 1934 and 2015 are the result of movement of the earth on this fault line and it is unpredictable when the next quake is expected. When exactly the next shock will occur - in roughly one, ten or fifty years - is, however, very difficult to determine.

Nepal was badly hit by natural disasters in 2019 and 2020. Extreme rainfall caused landslides, flooded villages and wiped out crops. The Terai, a low-lying region in the south of Nepal, was particularly affected, but parts of the Kathmandu valley were also flooded earlier in 2020.

Every year the country is ravaged by the heavy monsoon rains and accompanying landslides and mud floods.

The consequence of the natural disasters is that people lose their homes and goods, crops and livestock are destroyed.



We have seen in the past that emergency relief is very slow to get going and the victims get lost in cumbersome bureaucratic procedures to obtain necessary basic supplies. These people have lost their possessions, are homeless, have no access to medical care, food or clothing.

That is why CPCS has decided to implement a good disaster policy. The past has taught us that we have to be fast and efficient ... and therefore also take preventive measures.

The centers of the four partner organizations in Dolakha, Kathmandu, Sindhuli and Morang were equipped with an emergency stock that can only be used during natural disasters or emergencies (shortages due to border blocks, among others).

It is also very important that sufficient equipment is provided to organize a Child Safe Zone in a very short period of time. During natural disasters or emergencies, it is important that children are quickly provided with safe accommodation so that the parents can fulfill themselves in solving the given problems. It also happens that children lose their parents during an emergency situation. Immediate care in a Child Safe Zone is an urgent matter.

A Disaster Management Officer was appointed and received training in emergency stock and disaster management. This is to prevent products, medicines and / or food from exceeding the expiry date and being replaced in time.

The Disaster Officer also knows exactly what the emergency stock is, how to use and how to unpack quickly, delegate tasks and quickly set up a relief camp.

In total 1,556 relief packets were distributed:

- 7,703 kilos of rice
- 660 kilos of chiura (beaten rice)
- 1,117 packs of noodles
- 705 kilos of sugar
- 100 kg of dried soybean beans
- 1,200 kg of dried lentils
- 530 liters of cooking oil
- 550 kg of table salt
- 1,155 packets of cookies
- 2,000 bars of soap
- 1,500 face masks
- 100 liter hand sanitizer
- 1,100 packs of sanitary pads
- 2,170 pieces of underwear
- 70 packs of mosquito coils
- 20 packs of dried baby milk

100 cooked meals and distributed during the Dashain festival.

**300 snacks were distributed in the slums and kawads
where children had insufficient food**



COVID-19 has turned our lives upside down. Lockdowns came, then they were relaxed, then tightened again ... for many day laborers, people with uncertain incomes, those already in difficult financial and social situations, 2020 was a disaster year.

Life went to naught for those who depend on a daily activity that yields only enough to live on. From brick carriers in construction to flower sellers in temples, from trekking porters to rickshaw drivers, from rag pickers to khalasi's (bus boys)... nobody had work or income.

The poorest of the poor were pushed even deeper into poverty.

Relief distribution and street work Katmandu

Families living in the slums near the riverbeds were quickly struggling on the streets or were very quickly in danger of having to leave their meager homes. Even for a shack, rent has to be paid.

The CPCS Emergency Line was red hot with desperate calls from youth in street situations and soon an intervention team went on patrol to scout the situation on the streets. After this evaluation, it was concluded that emergency aid was urgently needed to people who were in such a terrible desperate state. After monitoring and evaluation of the situation, a clear picture of the needs was obtained and it was decided to coordinate relief action.

It was heard everywhere that people were more afraid of starving than becoming sick from the virus.

Words from youth in street situations:

Prem - 15 years old: "In the past, everyone had to go out to make money, but at present, everyone is looking for food". There is no safe and secure place to live now".

Rajesh - 17 years old: "We have changed three places so far. In old places, we had conflicts with peers who were not comfortable with us. now that we have secured relief we are going to search other places too".

Milan - 16 years old: "There is no work, we can't go in search of goods, we have no place to stay. It is not sure where we will reside the next day, there is a lack of adequate water. We don't find drinking water or food".

Suresh - 15 years old: "In the present, we fear people wearing masks and having an ambulance thinking they might be the police. The reason is that we are still caught by the police and taken to rehab. We ran away from your car and you because we thought you were the police and your face was covered with a mask. We're glad you came to us with relief. Now we have something to eat".

Food packages were arranged and distributed. Since there was a great lack of medical care, first medical aid was also provided on the street.

Young girls and young mothers with babies in particular were hopelessly worried. The field team was reinforced with a female nurse to listen to the delicate and personal problems of the girls and women. Dignity Kits for girls and care kits for girls with a baby were provided.

Sajana - 17 years old: *"I work in a hotel, but it is closed now, one of our friends is also sick. There is nothing we can do if it is difficult; everything is closed."*

Anita - 16 years old: *"The problem now is medicine and treatment; there is no social distance towards us; there are many living people here."*

Sushmita - 14 years old: *"It is difficult for us girls, there is a constant fight between parents at home because of this lockdown, we can't go to work, we don't have money to buy vegetables."*

Sita - 16 years old: *"I brought some relief goods and had to fight with other people. We are all running out of food and the municipality doesn't care about us. Now our father and mother have no income; our room owner is asking for the house rent, our school is also closed."*

Phulmaya - 17 years old: *"It has become challenging to stay in the room, the owner has not asked for the room rent now, but how we pay later? We have no money and no work."*

Santa - 18 years old: *"Lockdown or no lockdown: we will have to go to work anyway. We don't have money. We haven't eaten vegetables since a long time."*

During the street work in Kathmandu, it also turned out that many young people had to hide from the police and they no longer knew where to hide during the lockdown. They were constantly moving and hiding and were sometimes difficult to trace. They couldn't even use their cell phones to call our social workers because they didn't have money to top up their SIM cards, sometimes they couldn't charge their cell phones and they couldn't go to places where internet was available.

Social workers received no cooperation or protection from the police and were charged with organizing gatherings. Although the distribution of the relief parcels was well organized and in accordance with the COVID-19 regulations and protocols. In the meantime, the CPCS social workers had undergone COVID-19 and the use of PPE material training and the vehicles were adapted to safely transport goods and patients.

It was also ordered that only emergency packs could be distributed through registered lists by the local Wards. However, for people without papers it was impossible to register, let alone provide an official address when staying in a slum or on the street. Fortunately, after consultation with the police and local authorities, the CPCS relief work was made easier.

Testimony Kailash Rawal – Social Street Worker CPCS

This year was a challenging year for many people and especially for those who live in extreme poverty in a street situation. When the country went in lockdown, our office established a strict protocol. Residential coworkers had to stay in the centres, and administrative staff had to work from home. A social street worker must do his work and has to go out and must at any cost communicate with those people who need our support. At first, I was also concerned because everything happened at the same time. Many phone calls came in on our emergency line and our mobile phones. Youth and families in street situations were hungry, sick, there was a lot of abuse, violence and a lot of tensions.

Our office provided us with Personal Protection Equipment and needed materials to work on the field. We were also scared, but our office gave useful information and training about protecting ourselves and our environment.

We went to the street and gathered all the necessary information. Where are the children and youth hiding? What do they need? How about safety?

Covid19 numbers went up, and we continued our work.

We provided relief packages, medical support and hygiene kits for youth and their families. Nobody had an income and people were starving. They were in a dire situation.

We supported also rescued kids from street situations. They underwent a PCR test and could stay in our centre in the quarantine spot.

Some incident was really hurting me; I like to share my feeling:

One of our youth had a positive test result and had to stay in quarantine. Locals and even our neighbours were treating us, social workers, like a criminal. Landlords and neighbours said we were not allowed to enter their property; they stopped us from shopping or entering our rented rooms. It was hurtful. I never forget this.



In some environments where drug use and alcohol abuse are a rule, there were enormous tensions. There was a lack of drugs, there was no alcohol and addicts were out of control. Many young girls testified to our social workers that a lot of violence was used against them and that they felt unsafe. Given the closure of the schools and the invisibility of children, youth and families, it was very important for the social street worker to keep in touch. Due to the ban on going outside and the ever-changing lockdown measures, people were hiding to protect themselves from police interventions.

Children and young people were sought out in their hiding places where there were great difficulties. For small children there was no entertainment, no education, no online classes and not enough food. Besides relief packets, the field team provided informal classes and a nutritious snack for the little ones.

Most young men and women are looking for work and a little income during the day, including jobs at the Pashupatinath cremation sites where the deceased from COVID-19 are taken. There is a great fear of touching the contaminated bodies, but it is a possible but extremely dangerous way to make little money.



Relief contributions - our Partners in Dolakha – Morang – Sindhuli

The situation outside the cities is of course different, but also with the partners of the CPCS Alliance in Dolakha, Morang and Sindhuli it was clear that relief support for families who suddenly found themselves in a deplorable situation was urgent.

Little news came in villages about what and how the COVID-19 virus actually was, how people could protect themselves and others. There was also a general tendency that the virus was something for townspeople and that their small village community would be protected.

Awareness was of paramount importance and flyers and posters with COVID-19 information were printed and distributed.

The social workers of the Regional Centers and the Family Care Centers went from community to community. They also made home visits to protect people from false information, careless activities and provided good and clear information.

In some communities, posters and flyers were also handed over to the police or local wards because even these services were without any information or protective hygiene material.

There was a serious shortage of masks, soap and hand sanitizer.

All schools were closed with the result that children were left at home without any contact with the outside world. They had no access to their teacher (education), their nurse from the BHCA (medical care and psychological support). For many, there was no or too little food on their plates and the tensions at home increased by the hour.

Many children were deployed on the fields for farming and will probably never appear in school again. School has an important place in Nepalese childrens' lives. It's a place where you get together with your friends, you can talk to a nurse, you get medical care when you don't feel well (BHCA), you can present a problem and get a snack in your empty stomach.

BHCA nurses also report an increase in domestic violence. Home was no longer a safe place for many children.

Sindhuli and Morang saw a sudden return of Nepalese migrants working in India. They too had all fallen without work and income.

In Dolakha entire communities became without any source of income because they could no longer sell their vegetables, milk, fish and meat. Transport was not available for weeks and the markets remained closed.



The 'lucky ones' who had a job in the Gulf states or the Middle East returned because they too got rid of their jobs. They are usually the source of income for a large family.

The Regional Centers and Family Care Centers played an important role in gauging the problems and where, what and how to offer relief to support families in their desperate situation.

Despite the struggles with the local Wards, relief packets were distributed. Medical care was provided where needed and girls' Dignity Kits were distributed by the social workers and nurses. In the Regional Centers of Dolakha, Morang and Sindhuli, the relief packages were ready to be picked up. Medical care and Dignity Kits for girls were delivered door to door by the nurses. This was a good opportunity to find out what the family atmosphere was like for the child. Some nurses even went to the fields where children worked to see how their pupils were doing.

Here too, only people who had registered on the ward list were eligible for a food package. This slow, cumbersome bureaucratic process meant that after 3 weeks or more of lockdown, people still had not seen a single grain of relief. And again people without papers were excluded. After consulting the official bodies, it was agreed to create collaboration without losing the CPCS individuality.

Binita Gautam - Health Assistant - Regional Office Morang

I was visiting the slum areas regularly and what I have found is that many of our children were facing many problems with daily food. Many of their parents are illiterate, so they didn't know how to follow the safety measures. Often there was even not a simple piece of soap.

Many children had psychological problems. They suffered from sadness, anxiety, fear of death and fear of being isolated in a hospital.

Due to this lockdown, girls were in trouble to manage their personal hygiene. During my home visits, I provided Dignity Kits for their personal protection and safety.

I gave parents suggestions about keeping children busy with indoor games or other fun activities. People were asking for health support, so I gave medical care to them.

Now all the government school, public, community, the private and non-governmental institution is fully open and were are totally involved in public service. We gave suggestions to the school to organise a handwashing area at the entrance of all schools.

PremKumari Basnet - Nurse - Regional Office Morang

I am working as a BHCA nurse at the Shree Kabir Secondary School. During the lockdown because of Covid19, I did a lot of field visits.

Here are my experiences: At the beginning, most children and adults were afraid to come near us. People were scared and shared their feelings with me.

I gave them the flyers from CPCS International and Covid19 awareness. Later on, everybody was feeling more comfortable with me. Our office provided us with PPE suits.

I have visited many of the slum areas and found that people were facing many difficulties during the lockdown. Most of the parents were working as daily wage labourers. The nation was closed, so they faced hunger because of lack of food. In some cases, people even don't have a piece of soap. I have provided some Dignity Kits for maintaining personal hygiene for girls. I have visited those areas to provide full medical support, which is normally available in our Regional Office.

Nowadays, all government offices and schools are open again.

Every school has its own protocol. We are working with safety measures by following the protocol of our organisation and convince the schools to do the same. Our protocol is good, simple and efficient.

Anjali Thapa: BHCA Shree Kabir secondary school.

My name is Anjali Thapa. I am fourteen years old and reading in class seven. I live in Belbari-2, Morang. There are six family members.

My father is a farmer. He works on other peoples field. My mother is a housewife. She also helps my father with the farm work.

My family condition is deplorable. We live in a rented room.

I am suffering from epilepsy. I often feel dizziness and headache. My family had a lot of problems with this COVID-19 lockdown. The school was closed due to Covid-19. I like the school very much.

I needed sanitary pad, but the market was closed. Nurse Miss of the organization was helping me and provided a Dignity Kit. I was pleased with the Dignity Kit. My friends were also happy; we talked about it.

Sanjib Khadaka: Health assistant- Regional Office Morang.

As the whole country was in lockdown people, have faced so many problems, the livelihood of people are badly affected. We decide to do home visits after discussing how to apply the government protocol and the protocol from the organisation. In the beginning, people were in fear of Covid-19. Everybody was in fear to die. They didn't leave their homes. So during the home visit, we provided awareness and explained how to protect themselves from the Coronavirus and supported young girls with Dignity kits. We also provided medical care and counselling.

People had no idea about the safety measures; they didn't wear masks or washed their hands regularly. We distributed flyers and protection materials provided by CPCS International.

Families had trouble to manage for daily food. The relief food from the municipality was not sufficient.

People had no idea about the safety measures; they didn't wear masks or washed their hands regularly. We distributed flyers and protection materials provided by CPCS International.

Many families were in dire need for food. We distributed relief packets consisting basic food items and hygiene materials. At least those families had something in their stomachs for a few days.

Sabin Basnet – 15 years old – Bhimeshwor Municipality - Dolakha

We were scared when Covid19 was spreading all over the world. My family didn't let us go outside. I helped with my family for work. My family had a stock of food. We use that as much as we could to survive. Because of the lockdown we could not sell our farming products. And soon we had no food anymore. We try to get some food from the municipality, but their stock was not enough. It was not enough. My family had one choice, and that was to stay hungry.

The municipality only gave us two pieces of soap and some masks what we needed was food.

Luckily we got some food from CPCR NGO. We were relieved to have something to eat.

PREVENTION SERVICES

Due to the COVID-19, all personal contacts, meetings with parents and guardians, meetings with school committees were minimal. It was necessary to review all operations to keep in touch with the beneficiaries.

After consultation with the schools, teams were set up, and a high number of homes were visited.

Each school provided teachers who together with the nurse from the Regional Centers, the Family Care Centers and the BHCAs, went from house to house. The teacher took care of the educational part, made sure that the children had school books, notebooks and writing materials. They taught and organized homework so that children did not have too much learning delay.

The nurse focused on health care and paid particular attention to girls who experience menstruation.

The social workers provided counselling to the children as well as to the parents. The problems were listened to, and together solutions were discussed.

This home visiting team organized, especially COVID-19 awareness because it turned out that many people were not aware of how to protect themselves and the environment and how to limit the risk of infection.

The schools only reopened at the end of November. After consultation with school directors, it appears that many schoolchildren have not yet returned to school. There is significant uncertainty, especially in the schools where children of day workers attend school.

In the meantime, the BHCA centers are active again in the schools, and the Regional Centers and Family Care Centers have been able to open their doors also. With due observance of the written and followed protocols, we can almost speak of a 'back to normal'. However, poverty is even more on the rise than in the prior-Covid era.

The data and figures we show below are different from previous years because new methods had to implement. The teams made more home visits, fewer meetings with parents in the schools, but more awareness sessions were organized in 'open fields'.

Globally, domestic violence and gender-based violence rose alarmingly during the COVID-19 lockdowns. It is also evident from reports from our nurses and social workers. Children speak of mounting tensions at home, and it is a grave mental blow for children to experience daily violence.

One of the main reasons children run away from home and end up on the streets is to escape domestic violence and flee to a place where they think and hope not to be beaten and humiliated.

It was a challenge for the nurses and social workers to tackle this problem and sometimes make it open and negotiable, discreet and confidential.

The national hotline number 1145 operated by the National Women Commission in Nepal was distributed. As well as the contact numbers of the Regional Centers and Family Care Centers in collaboration with the local wards and Child Protection Officers from municipalities.



Introduction: improving family-based care and community involvement

In **2004**, CPCS sets up prevention programs and awareness activities for children and families from the Kathmandu valley and other areas, to **prevent the arrival of children in the streets**.

Different programs focusing on families, communities, and children at risk were developed to **address** the severe problems and risks met by children in some cities of Nepal where the phenomenon of children in street situation is evolving. Children are threatened by domestic violence, social exclusion, drug abuse. A combination of those **causes pushes children to escape to seek refuge elsewhere**. Consequently, CPCS aims **to stop this phenomenon at its source and reduce the number of street-based children** by encouraging and sustaining their education and give them access to Better Health Care.

Program: Family Care Center (FCC)

The FCC concept is based on **3 objectives**:

- 1.-**Preventing** family-child separation and unsafe migration,
- 2.-**Promoting** a community-based approach to family preservation,
- 3.-**Ensuring** access to education and health care for children in vulnerable conditions.

Since April 2018, 4 FCC has been operational in Sindhuli district (1), in Morang district (1) and in Dolakha district (2).

A local team of **3 people** is responsible for the wellbeing and good communication with the beneficiaries and their families. One admin or social worker deals with accounting and support to families. A caretaker does the cleaning, takes care of the children and a teacher gives them classes. One medical person (Nurse or Health Assistant) provides hygiene and awareness classes, basic medical care, tuitions, and support.

The goal is to offer **adequate support** to every family. The FCC is open every day and runs as day-care centre. Each centre welcomes at the beginning up to 75 children and can go up to **100 kids**. The children come daily to enjoy after school sessions, daily snacks, the library and the help with homework. A common room enables them to participate in social activities, such as games, sports or artistic activities. They also have the possibility to take care of personal hygiene and receive basic health care.

Weekly sessions are organized with the families to discuss various matters, child rights, migration, hygiene, medical and legal problems, personal problems and obstacles in daily life.

Families and local communities are fully integrated into the process, and a local NGO or partner are selected to provide the necessary care, infrastructures, and materials (trained, supported and monitored by CPCS International). These centres are a place for family reunifications and support to the CPCS deinstitutionalization system.

The **support of local children** in street situations and **family visits** are also priority missions of the centre. The centre is non-**residential**, and open daily for 8 hours (3 hours on Saturdays and public holidays).

A **local child club** is set up, to encourage children participation and **child empowerment** via an election system of two child representatives, etc. In addition, special attention is given to girls and **girls empowerment**. Prevention of traffic, empowerment of mothers, child rights advocacy, and defence for vulnerable persons in a non-violent environment are also essential topics.

My name is Ganga Urau. I am five years old. I live at Sundar Haraincha-12. I am a student at the Shree Mahendra Secondary School.

My family consists of four persons. My father passed away, and my mother works as a housemaid and sometimes as a labourer in the riverbank area. She works very hard.

My family situation is critically and weak. My sister was attending the same school as me. Because of the lockdown, she had to quit school, and now she is also a housemaid. My mother could not afford to pay for my sister's education anymore. We live in a slum area.

This COVID-19 virus has caused a lot of problems in my family. We had not sufficient food anymore. I was afraid to go to the hospital when I got sick. I can't go to school because it is closed. I am worried about what will happen to my studies. When will the school open again? I love to go to school. I want to continue my studies, and my goal is to be a teacher



HOW AN FCC WORKS:

- Open to **every** child from any public school.
- Daily **homework** help session.
- **Library** access.
- Sports and games activities.
- Bi-weekly awareness meetings with families on parenting skills, migration, health, hygiene.
- Health and hygiene follow up for the children and their siblings.
- Provision of daily **snacks**.
- On Saturdays and days off, the centre is open for 3 hours and offers leisure activities, sports, TV, cultural activities.
- Community active participation and involvement.
- **ChildClub** establishment and Minister System (to elect child representatives).
- Coordination with **local authorities, District Child Protection Officers**.
- Basic support of local children in street situations (fieldwork).
- **Family visits** (to assess situations), counselling with advices and parenting tools.

- Team Capacity building.
- **Weekly discussions** with children about various subjects, childcare, education, risks of unsafe migration, trafficking.
- Non-violence and full Child Protection Policy implemented in the centre. No moral or physical violence is tolerated.
- Possibility to **wash clothes** and **to bath**.
- Active participation in local programs, events.
- **Family reunification** process and follow up.
- Medical Corner and follow up with **local hospitals** (partnerships for free treatment).
- **Legal advice** and support for birth certificate and other documents.
- Emergency zone in case of natural or political problem (Child Protection Zone).
- **Youth** empowerment



PREVENTION PROGRAM BHCA ACHIVEMENT DATA – (JAN-DECEMBER 2020)

Total number of people who got consultation through BHCA	27.070
Health awareness sessions for children	865
Children attending health sessions	23.780
Number of Health camp for Children	411
Children attending health camps	12.542
Number of children Local Hospital/Health post Referral	1.157
Number of awareness sessions and meeting with Parents	571
Number of Parents attending in awareness meetings	7.486
Number of Dignity kits distributed to girls	3.692
Number of children received medical service	21.896

Program: CLASS (CPCS Local Action Centers and Services)

CLASS centers phased out to BHCA centers from March 2020. After monitoring some CLASS centers closed down, depending on the motivation of the school committee.

BHCA – Better Health Care Access

The BHCA Program is an innovative project aiming to ensure that **children in public schools have access to basic health care, hygiene and awareness** about various risks. CPCS supports Better Health Care Access for students in public schools in Kathmandu, Sindhuli, Morang and Dolakha. In addition to basic medical care, **awareness classes** are organized to give children, young adults and their guardians, the opportunity to address topics that are difficult to discuss. It is due to cultural values, subjects such as menstruation, STDs, mental health problems are taboo, which can cause prejudice to the children.

After thorough research, CPCS concluded that many children in public schools have little or no access to health care. However, **with BHCA, more children could reach it as well as their community.** It was therefore decided to make an extra effort for better healthcare in public schools. The **budget for education was reviewed and deployed for healthcare.** In this way, **more beneficiaries were reached and served.**



For families in need, extra support is still possible. Consultations are held with the school committee, to determine who urgently needs this extra support (warm clothing, food, school stationary, uniforms)

26 nurses (ANM or CMA) are appointed by the CPCS Alliance members to work in partner schools. They work in collaboration with the school team (Principal and teachers) to **ensure children have access** to basic health care (cut, small injuries, diarrhea, stomach pain, small fever), but also to raise **awareness** about hygiene (in school toilets and in general). **They identify children in need of extra nutrition support or emergency clothes.** Twice a month, in collaboration with the CPCS Alliance Team, a camp is held, focused on medical



and hygiene matters (medical camp, dental camp, eye check-up camp, awareness on many health issues, etc.). Extra attention is paid to girls and especially **girlsgirls experiencing their menstrual cycle**. Many girls stay at home for 4 days a month and **miss a full month of education in a full school year**. The nurses make sure that they are properly supported, and CPCS provides the schools with Dignity kits for girls. Nurses also communicate with the CPCS Alliance team and the school management committee to find out potential partners to provide further health service if needed.

Objectives of the program:

- Basic health care access inside public schools;
- Girls rights' promotion and campaign;
- Basic sexual education and prevention of sexual abuses;
- Hygiene in the school (hand wash programs, clean toilets, etc.);
- Awareness for all students about hygiene;
- Organization of camps (twice a month) to increase Basic Health Care Knowledge;
- Awareness about gender-based violence;
- Emergency support for families in need (clothes, nutrition);

- To make the school a child-friendly area.

BHCA Program in Kathmandu Valley (CPCS NGO)

School	Address	BHCA CENTER	Children
Shree Ram Basic School	Budhanilkantha - Kathmandu	BHCA – Budhanilkantha	126
Shree Nepal Rastriya Nirman School	KageswariManahara - Kathmandu	BHCA - Mulpani	639
ShreeMahendra Basic School	Sanothimi - Bhaktapur	BHCA – Sanothimi	310
ShreeHalchokSecondarySchool	Nagarjun - Kathmandu	BHCA - Halchok	251
ShreeAdinathSecondarySchool	Kritipur - Kathmandu	BHCA – Kritipur	196
ShreePharpingSecondarySchool	Dakshinkali - Kathmandu	BHCA- Pharping	466
Shree Ganesh SecondarySchool	Khwapa - Bhaktapur	BHCA- Bhaktapur	370
ShreeChalnakhel Basic School	Dakshinkali - Kathmandu	BHCA - Chalnakhel	89

BHCA Program in DOLAKHA District (CPCR)

School	Address	BHCA CENTER	Children
ShreeKutidandaSecondarySchool	Bhimeshwar - Dolakha	BHCA – Kutidanda	486
ShreeBhimSecondarySchool	Bhimeshwar - Dolakha	BHCA – BhimSchool	464
ShreeRajkuleshwor Basic School	Bhimeshwar - Dolakha	BHCA – Rajkuleshwor	106
ShreeBalmandirPrimarySchool	Bhimeshwar - Dolakha	BHCA - Balmandir	67
ShreeTikhatalPrimarySchool	Bhimeshwar - Dolakha	BHCA – Tikhatal	51
ShreeLamanagi Basic School	Bhimeshwar - Dolakha	BHCA- Lamanagi	147
Shree Buddha PrimarySchool	Bhimeshwar - Dolakha	BHCA - Deurali	30
ShreeBhumeshworiPrimarySchool	Bhimeshwar – Dolakha	BHCA - Bhumeshwari	26
ShreeJanajyotiSecondarySchool	Kalinchok - Dolakha	BHCA - Lapilang	276

BHCA Program MORANG district (ORCHID)

School	Address	BHCA CENTER	Children
ShreeMahendraSecondarySchool	Sundar Haraincha - 12, Morang	BHCA – MahendraSchool	557
ShreeNawajanaJyoti Basic School	SundarHaraincha–1,Morang	BHCA – NawajanaJyotiSchool	212
ShreeBhagawatiSecondarySchool	Belbari – 3, Morang	BHCA – BhagawatiSchool	1187
ShreeKawirSecondarySchool	Belbari- 2, Morang	REGIONAL OFFICE	683
ShreeDhanpalSecondarySchool	Belbari - Morang	BHCA – DhanpalSchool	647
ShreeJanataSecondarySchool	Belbari -1, Morang	BHCA- JanataSchool	274
ShreeSinghadeviPrimarySchool	Belbari -2, Morang	BHCA – SinghadeviSchool	77
ShreeSahidSmirtiPrimarySchool	Belbari -1, Morang	BHCA SahidSchool	60

BHCA Program SINDHULI district (CRPC)

School	Address	BHCA CENTER	Children
ShreePanchakanyaSecondarySchool	Kamalamai, Sindhuli	FCC / Regional Office	215
ShreeSecondarySchool	Kamalamai, Sindhuli	BHCA Sindhuli	422

A total of **8434** children have better health care access in 27 schools.

Anjali Thapa: BHCA - Shree Kabir secondary school.

My name is Anjali Thapa. I am fourteen years old and reading in class seven. I live in Belbari-2, Morang. There are six family members.

My father is a farmer. He works on other peoples field. My mother is a housewife. She also helps my father with the farm work.

My family condition is deplorable. We live in a rented room.

I am suffering from epilepsy. I often feel dizziness and headache. My family had a lot of problems with this COVID-19 lockdown. The school was closed due to Covid-19. I like the school very much.

I needed sanitary pad, but the market was closed. Nurse Miss of the organization was helping me and provided a Dignity Kit. I was pleased with the Dignity Kit. My friends were also happy; we talked about it.



The operating Prevention Centers (supported by La Chaine de l'Espoir)

NATIONAL OFFICE – GODAWARI, LALITPUR

22 full-time staffs and **13** part-time staffs are working in various programs:

- “Drop In Center” (DIC) Rehabilitation Center for boys
- Legal support
- Medical support
- Emergency rooms for girls
- Psychosocial counseling
- Field work
- Youth empowerment
- Educational support
- Reunification and deinstitutionalization
- Residential School Support
- Better Health Care Access in public schools

REGIONAL OFFICE AND FCC’S (Deurali – Dolakha - Charikot)

21 staffs (**9** full-time and **12** part-time) are working *daily*, **2 FCC (Family Care Centers) and 1 Regional office Deurali**.

A total of 110 children, living with their families, attend schools, FCC, Regional office.

All centers (*Lapilang, Kshamawati, Deurali, Bhedikhor, Lamanagi, FCC Dolakha, FCCCharikot*) are located in **Bhimeshwor Municipality** and surrounding Rural Municipality.

REGIONAL OFFICE and FCC (Morang)

12 (3 full time and 9 Part Time) staffs work daily with **75** children in **one Regional Office, 8 BHCA Programs** in the Rehabilitation Center.

Morang is located in the Morang district near the Sunsari district (*2 densely populated districts*), 45 kilometers away from the Indian border Biratnagar. The center is mainly used during the **reunification processes** to create links with the families living in the district (**3697** children supported). A small medical office in the corner of the room (*part of our BHCA programs*) provides checkup and care as well as services to the schooling children along with their parents. The center also runs daily CLASS programs. Parents also attend a monthly awareness meeting in the center.

REGIONAL OFFICE and FCC (Sindhuli)

Sindhuli is a mid-hill district located at the junction of the main highway to the Indian boarder and the Easter highway. It is located in the heart of Sindhuli city. Its main goal is to allow the reunification process and to create links with the families living in the district. A small medical office provides checkup and cure to children as well as it provides services to the children at risk. **4 staffs are working daily in one Regional Office on 2 BHCA programs with 637 children** from underprivileged families. All the children are living with their families and are attending school in **2** government schools (Shree Panchakanya Secondary School, Shree Siddhababa Secondary School). **CRPC (Child Right Protection Center)** was registered in Sindhuli District Administration office in 2007 as a local NGO to work for and with children at risk in Sindhuli District. All CLASS Centers were opened in different wards of the Municipality. They are located within a radius of 3 km from CRPC office. All supported children attend government schools. Since May 2019, we have started BHCA program in the following school through Regional Office (CRPC) Sindhuli: Shree Siddhababa Secondary School and Shree Panchakanya Secondary school that attend daily BHCA activities.

Awareness programs

WITH THE FAMILIES:

CPCS has been able to collect data and conduct several studies on the topic about children in street situations in Nepal. This underlines the **organization's ability to identify the underlying characteristics of poor households** that are more likely to lead to a child's migration to the street. **Sometimes, parents themselves are responsible** for sending their children to work in the streets and use their child as a source of income. This generally happens when the father loses his job. Other situations, such as alcohol consumption, family break-up or domestic violence can lead to children's runaway to follow their dreams in the city. **The relationship with the family is therefore a key element in addressing the issue** of children in street situations. Moreover, CPCS has developed prevention programs targeted not only at the children themselves

Aakariti Chaudhary – Regional Center Sindhuli

My name is Aakariti Chaudhary. I am twelve years old. I live at Sindhuli. I am studying in class seven. My school name is Shree Panchakanya Secondary School. There are five members in my family. My father is paralyzed and cannot work. My mother left us and married another man. My grandmother has to take care of us and provide an income. My family situation is very weak. My father had problems going to the hospital for regular check-ups. Nurse Miss came to our home and helped us out. I was relieved that somebody took care of us.

but also at families and children identified as “at risk” by our social workers and their partners (local schools, local organizations, and the authorities).

WITH CHILDREN “AT RISK”:

CPCS social workers also support children in street situations in the villages by organizing activities in the local schools. These awareness-raising sessions cover the dangers of the street (drugs, diseases and abuses of all kind), the rights and duties of parents and children, domestic violence, hygiene, health, the use of illicit substances. Without knowledge of their rights and these risks, the child is an easy prey for a predator.

WITH CHILDREN IN STREET SITUATIONS:

In Nepal, **about 65% of the children who arrive on the street usually stay there.** This is why our social workers organize regular **information sessions in the street** to inform children about the different forms of abuse to which children in street situations can be exposed (i.e. AIDS, drugs, and sexual exploitation). By doing this, we try to prepare them **to face the dangers.**

Children in the street and those who attend our shelters take part in awareness-raising sessions. Without knowledge of these risks, the child is a designated victim. For example, CPCS has launched a campaign on HIV/AIDS, the risks of clandestine sexual intercourse, and the consumption of drugs. We deal with these topics by using posters and other materials, which facilitate communication with children.

WITH THE PUBLIC:

Different stakeholders interact with children in street situations in Nepal, including the general public, security forces, shopkeepers, tourism professionals, tourists and schools. CPCS considers that the issue of children in street situations should not only be tackled at the children and their families’ level, but also at the level of these other stakeholders.

The public image of children in street situations is **generally quite negative.** Because they wear dirty clothes, use bad language and deny most social norms, they are considered social parasites, young criminals and drug-addicted persons. Children often feel they have **no other choice** but to live outside the society and reject most of its rules. They form a parallel society with its own codes, its own language and rituals, which often include consumption of illicit substances. This leads to a **vicious circle:** society rejects children in street situations because they are asocial, and children are asocial because society rejects them.

WITH THE AUTHORITIES:

The **police can also be a partner** in the fight that CPCS is leading. Firstly, police officers who are badly informed about children’s rights and the living conditions of children in street situations may behave unlawfully towards children and notably use violence against them. **By informing the police, we can expect a better understanding and a more humane attitude.** Secondly, working in collaboration with the police on

the street problems is the key to our work. Our objective is to **calm tenseness between the police and children**. Today, thanks to a good relationship with CPCS, the police prefer to **contact our hotline** rather than incarcerate children in the case of offences. On our side, we try to explain to the child that certain behavior can be harmful to their image and justify police intervention.



Introduction

CPCS **respects the child's wishes and believes**. It is the child's **own decision** to come to CPCS and then go back to its family or to choose another option. We have developed programs and activities that encourage children to come to our centers where we can help them on their path back to their family. Street-based field workers inform children in street situations and encourage them to gradually follow their own path of social rehabilitation.

CPCS short-term risk reduction programs (conducted both in the streets and in our socialization centers), are the first steps towards building a relationship between the child and CPCS. CPCS then offers any street-based child who desires it, an individual counselling based on his personal history, educational background, personal abilities, age, and most important of all, on his personal wishes and interests. Through daily fieldwork and contacts with children in street situations within our centers, we gain experience about the daily life and problems faced by children in street situations. In addition, CPCS values very much its network with other NGOs working with children in street situations around the world. Being part of the **"Street Field Workers International Network"** gives us the opportunity to share our experiences and learn from others. CPCS' outreach work was essentially based on frequent day-and-night field visits and on activities in our centers. On the street, children who met our social/field workers received information about our activities, programs, counselling services, informal education classes, and first aid services. Our social workers were also responsible for identifying and approaching new children in street situations.

The rehabilitation shelter–Godawari

Due to some policy changes decided by the Central Child Welfare Board, our "shelters" are no longer fully open. Children have to stay inside and follow a full socialization process. The socialization center is a place where former children in street situations can be safe and receive assistance when needed. They have access to various entertainments (football, board games, carumboard, marbles, cricket, badminton, table tennis, watching a movie) while the social workers take advantage of these opportunities to raise up their awareness on AIDS/HIV, drugs, child rights and give information about the services that CPCS can offer if they decide to leave the street. Dances, music classes and other activities are also initiated by their peer social workers or friends studying in secondary level.



- ✓ *To offer children a safe place to sleep, take care of their personal hygiene and socialize with others.*
- ✓ *To give children nutritious and hygienic meals.*
- ✓ *To offer children free access to medical care and counseling in recovery center.*
- ✓ *To offer children non-formal education, sports, culture and child rights classes.*
- ✓ *To manage family reunifications and family visits.*
- ✓ *To provide children legal assistance and plead on behalf of them in court action.*
- ✓ *To reintegrate children after tracing family through family visit and counseling.*
- ✓ *To reduce risk among children in street situations and children at risk.*

Coordination with NCRC, Center for Children at Risk.

- **10** children were referred for Rehabilitation in CPCS DIC by different organizations.
- **33** children were referred from our DIC center to their family.

SELF-MANAGEMENT AND DAILY ACTIVITIES

The socialization center is partly managed by children themselves to rise up children's sense of responsibility by giving them the opportunity to play an active role in the organization of the center (maintenance, household cleaning, food shopping, cooking, and defining the rules of good behavior).

- ✓ A **library** provides books on various subjects and is used by several children every day. They can borrow books as they wish.
- ✓ **Individual locker deposit boxes** are available for their belongings (*clothes, shoes and valuables*) while they are staying in the center.
- ✓ A **"street banking system"** also encourages children to save money and protects them from having their money stolen by street gangs, junkyard owners... They can deposit their money and retrieve it on their own request.

Activities supported by "Les amis de Soeur Emmanuelle"–Belgium and the Vieujant Foundation. The support of the Honolulu Rotary and Vie d'enfant-Kinderleven allows us to build an additional building to ensure appropriate childcare in our Godawari center.

Street work initiative

FIELD VISITS

These frequent field visits enable CPCS social workers to better grasp the current situation on Nepalese streets and the conditions under which street children have to suffer. These initiatives help CPCS staff to also find new children who recently became homeless. By directly interacting with them on site, our personnel can gain children's trust more quickly. This enables our staff to build trust, which is the basis for improving children's current situation in the long-term. Furthermore, senior staff members and social workers educate children about problems that can arise when living on the street during awareness sessions, informal classes and games.

Bijesh Shresta – Senior Social Streetworker CPCS

For the past 20 years, I have been working for and with children and youth in street situations. It was going well; we had many ongoing projects then all of a sudden we were in the middle of the Covid pandemic. Children, youth, their families and us, social field workers were also in fear and uncertain. Some young adults and children got involved in illegal activities like theft, fighting each other. Slowly, we got information from the field: our beneficiaries called us about many problems even us, field workers were also having difficulties because we couldn't visit, meet and interact with them.

We were all depending on mobile phone calls. Street situation children, children at risk, youth and their families searched for food, water, essential medicine and basic hygienic goods. There was various misleading information, fake news, and miscommunication statements were circulating. Markets, public transportation, public places, governmental offices, schools, colleges were closed. It was very uncomfortable for the first three months.

As a senior field worker, I made regular phone calls and tried to visit authorities and lobbied to get passes to work outside and permits for our ambulance. We were able to support hundreds of families, including youth and children. Awareness was most important. During our field, we explained the importance of social distancing, washing hands, using masks, gloves, and sanitiser. People didn't have the money to buy this, there was no job, and the shops were closed.

My colleagues and I have families, and we followed the protocol and stayed in separate rooms to protect our loved ones.

Some schools started online classes, but the beneficiaries we work for have no access to the internet or have no device.

Children and young girls became the victim of abuse and violence. There was a lot of tension on the streets. Everybody was scared to starve from hunger. The police cell 104 for missing and found children was not active because Covid19 infected some staff members, and they closed the office.

Now people are trying to recover from the Covid-19 effect. NCCR 104 and the hotline 1098 are working together for the betterment of the children. Our activities also became more regular, like in the prior Covid19 era.

It was a challenging year!



MONTHLY STATISTICS FOR FIELDS VISITS (JAN – DEC 2020)

Day Field Visits (KTM)	A.Total	J	F	M	A	M	J	J	A	S	O	N	D
Area 1 - AvgNo.of children	6	8	7	8	7	8	6	10	9	10	9	11	11
Area 2 - AvgNo.of children	5	5	4	4	4	5	5	7	8	8	7	9	9
Area 3 - AvgNo.of children	3	4	4	3	4	5	5	7	7	6	7	7	8
Area 4 - AvgNo.of children	3	<u>3</u>	<u>3</u>	<u>2</u>	<u>3</u>	<u>2</u>	<u>3</u>	4	4	4	4	4	6
Area 5 - AvgNo.of children	5	5	6	6	5	5	6	12	12	11	14	15	16

NIGHT FIELD VISITS

A Health Assistant, a senior social worker and an ambulance driver patrol the different areas of Kathmandu where children in street situations hang out at night. Every night, we meet an average of **7** children.

The main objective is to reduce risk exposure for children at night, (*physical and sexual abuse, alcohol, marijuana or glue, injuries during gang fights ...*). Our team can decide to take a child to a hospital or to transfer them to one of our centers.

NIGHT FIELDS VISITS MONTHLY STATISTICS (JAN-DEC 2020)

Night Field Visits (KTM)	J	F	M	A	M	J	J	A	S	O	N	D
Area 1 - Average No. of Children	10	7	4	0	0	0	0	0	5	8	7	12
Area 2 - Average No. of Children	9	7	3	0	0	0	0	0	0	5	6	6
Area 3 - Average No. of Children	8	6	0	0	0	0	0	0	0	0	0	5
Area 4 - Average No. of Children	2	2	2	0	0	0	0	0	0	0	0	3
No. of Children treated on Field	27	26	6	0	0	0	0	0	3	6	8	24
Children brought to center by field	0	0	0	<u>0</u>	<u>0</u>	<u>0</u>	0	0	0	0	0	0
Average No. children in daily Night field	<u>6</u>	<u>8</u>	<u>6</u>	<u>0</u>	<u>0</u>	<u>0</u>	0	0	5	6	6	11

The Recovery center (Medical support)

Professional Health Assistants and qualified nurses work in shifts to ensure that the *Recovery Center of Godawari* can beat service 24 hours per day for children in need.

Children who are brought to CPCS for the first time are put through a general health examination. A psychologist then tries to get into a dialogue with them to assess whether they know where their family lives or if they remember any contact details. Their objective is to reach children's relatives or friends that live within the same community in order to bring the children back to their families. A whole network of social workers, paramedics and rehabilitation officers try to come up with the best individual solution for every child.

The Recovery Center is equipped with 10 beds in which sick children can recover. Special meals and diets are prepared according to recommendations from our medical staff. The Recovery Center also treats viral diseases and epidemics. Children can receive daily consultations and treatments, including hospitalizations.

In the case of surgeries, the necessary medical care is administered in collaboration with the attending physician and the hospitals. Doctor's advices are strictly followed.

The Recovery Center also mantians a two-room apartment, reserved exclusively for women in need. About 10 mothers who had to give birth to their children on the streets were given shelter and postnatal care.

Women who became victims of physical abuse and urgently need a shelter will find a safe place in the Emergency Recovery Room. During their time in the emergency shelter, our team will consult victims of domestic voilence on the possibly best solution to ensure their long-term security.

If the medical care we can provide for children is insufficient, children are sent to a hospital in Kathmandu since rual areas do not have the same medical infrastructure available. For these children, beds and care are provided to prepare them in advance of their medical treatment in Kathmandu and to ensure a safe and speedy recovery when they come back after their treatments. Once they have been fully recovered, they can return to their family and friends.

GODAWARI RECOVERY (MEDICAL) SUPPORT MONTHLY STATISTICS JAN –DEC 2020

MEDICAL SUPPORT RECOVERY GODAWARI	Tot.	J	F	M	A	M	J	J	A	S	O	N	D
No. of children (Out patients) treated	412	82	79	87	74	48	42	43	41	52	48	53	51
Daily average	3	4	3	4	3	2	1	1	1	1	1	2	2
Number of “clinic in” children treated	1549	279	274	293	257	247	199	76	92	95	97	92	95
Daily average	7	9	8	10	7	6	5	2	3	3	3	3	3
No. of In-Patients Nights	1895	223	331	324	343	332	342	414	390	377	300	278	218
Average age of in-patients	10	7	10	9	11	8	11	12	11	13	15	12	12
Number of hospital cases	14	3	2	1	2	2	4	2	1	1	1	2	1
Number of patients admitted in hospital	10	3	2	2	2	1	0	0	0	0	0	0	0
Hospitalization Days	47	17	7	5	8	10	0	0	0	0	0	0	0
No. of children treated in DIC Godawari	717	200	315	150	0	1	51	40	43	40	44	38	40
No. of children treated in outreach (Day Field)	1200	312	235	190	104	200	159	100	97	103	95	104	105
No. of children treated in outreach (Night Field)	78	35	30	13	0	0	0	0	0	13	16	18	24

MEDICAL SUPPORT PROGRAM (MSP)

The Medical Support Program aims to support children and youth in street situations in terms of:

- ✓ Conducting day-and-night field visits and providing first-aid emergency treatments directly on the streets.
- ✓ Providing first aid and regular medical support for injuries and illnesses to children in all CPCS centers.
- ✓ Supporting children with more serious requirements such as surgeries in terms of diagnosis, lab tests and further medical intervention to public hospitals.
- ✓ Increasing awareness among amongstreet children for topics concerning HIV, AIDS, drugs, Hepatitis, Jaundice, STI’s, STD’s and other diseases.

CPCS medical staff is present in different areas in Kathmandu through Day & Night Field visits. Medical support is provided to all children without any discrimination, regardless of their religion or health status. MSP also organizes health camps to perform medical check-ups for children.

We work in partnership with several public hospitals and other health organizations. Through preventive measures such as training and immunization, CPCS ensures that its staff remains healthy and safe when providing support to children. Furthermore, our medical team meets with other health organizations in Nepal on a regular basis.

We frequently participate in Ambulance Management meetings in Kathmandu to ensure being up to date for current issues and new rules and regulations. CPCS also participates in coordination meetings with the Nepalese Red Cross, the Chief District Officer of Kathmandu and the Nepal Police to discuss strategies to for rescuingstreet children.

Supported by the Nick Simons Foundation through the American Himalayan Foundation

The Emergency Line 5560700 / 9801245550



CPCS operates a 24 hours emergency line, parents, policeman, shopkeepers, tourists, teachers, GOs, other NGOs, and children in street situations themselves. They mostly call to inform us about a fight, an injured child needing medical assistance, available for citizens or a friend taken into custody. Other groups of people call us to report a

case, or to query information.

The “National Center for Children at Risk (#104)” referred us **45** children for rehab.

EMERGENCY LINE MONTHLY STATISTICS (JAN – DEC 2020)

Emergency Line Cases	Tot.	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Medical Problems	809	81	98	91	76	79	99	51	45	43	62	37	47
Under Arrest	11	3	2	1	0	0	0	0	2	1	1	1	0
Abuses - trafficking	0	0	0	0	0	0	0	0	0	0	0	0	0
Others	298	5	15	37	45	41	39	19	11	23	24	18	21
Child Labour	0	0	0	0	0	0	0	0	0	0	0	0	0
Information about COVID-19	583	25	22	63	70	79	91	41	39	34	41	42	36
Line Calls Total	1701	114	137	192	191	199	229	111	97	101	128	98	104

Child Focus: Notices about children lost and family missing were also submitted in weekly publications and newspapers. Nepali TV channels published missing adds through collaboration with the Police cell 104. Publications on social media (Facebook) were made.

Legal Protection Program

CPCS provides a legal assistance to children in street situations and youth. Professional lawyers are ready to operate when a child is in illegal detention, or if we want to initiate legal procedures to obtain his birth registration/ his citizenship certificates or parental legacies. They can also operate to recover wages from employees. Also, a CPCS lawyer and a staff member conduct regular visits to police custody. Many cases are also reported by the police or the public through our Emergency Line service.

Santosh - 16 years old – During the lockdown time we are in big trouble.

A few days ago the police came at one o'clock in the night time to the area where we sleep.

We are sleeping under the bridge near the riverside. The police blamed us for a robbery case. They beat and kicked us, and they threw our blankets in the river.

We don't sleep anymore at night; we are terrified.

Next day we called CPCS Sir (emergency line), he came and listened to our story.

Sunita - 17 years old - During the lockdown my husband and other three youth were arrested by police because of a robbery case. They are in central jail.

I called the CPCS emergency number and requested to visit the jail and determine what's going on.

They don't let me in because of Corona virus. CPCS sir went to the central jail.

LEGAL SUPPORT MONTHLY STATISTICS (JAN-DEC 2020)

Legal Support	Tot.	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Jail visits	22	3	2	2	0	1	0	2	2	3	2	3	2
Children/youth in jail	3	1	1	0	0	0	0	1	0	0	0	0	0
Custodies visits	41	4	3	4	0	2	4	4	5	4	4	3	4
Children/youth met in custody	11	3	2	1	0	0	0	0	2	1	1	1	0
Children/youth released from custody	9	3	2	4	0	0	0	0	0	0	0	0	0
Court Action	4	0	0	0	0	0	0	0	0	1	1	1	1
Meetings with Police	33	1	3	2	2	2	4	2	1	3	4	5	4
Awareness Program / Class with children	44	4	3	2	2	1	0	5	6	6	5	6	4
Awareness Children and Public COVID-19	939	59	75	65	91	85	35	58	102	110	90	88	81
Awareness Programs with Public	25	10	2	3	6	0	0	1	1	0	1	0	1

Counseling Services

Most of the children met by the CPCS team or living in our centers have experimented with the street situation and some forms of violence, trauma, or torture. Most of them have been victims of physical, psychological, or sexual abuses and have experimented with drug addiction, criminal activities, or detention. These experiences often result in psychological disorders such as low self-esteem, loneliness, insecurity, inferiority complex, substance addiction, or violent behavior. Therefore, CPCS provides children with psychosocial support through individual and group sessions.

We have two psychosocial counselors for all our programs and centers. Social Workers can refer children in need of psychosocial support, but children can also request to meet a counselor. Our centers ensure with involved members of staff an effective follow-up of each case. Counselors make also recommendations concerning the possible and suitable rehabilitation for each child (family reunification, schooling).

COUNSELING SERVICES MONTHLY STATISTICS (JAN-DEC 2020)

COUNSELING SERVICES Godawari	Tot.	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Individual Counseling	306	28	26	30	25	30	26	27	23	30	24	18	19
Group Counseling	46	24	10	12	0	0	0	0	0	0	0	0	0
General Awareness Classes	190	29	22	1	0	0	28	24	12	15	15	20	24
Sexual Abuses Victims Support	0	0	0	0	0	0	0	0	0	0	0	0	0
Physical and moral abuse victims supported	8	2	2	1	0	0	0	3	0	0	0	0	0
Awareness Sessions with the team	33	2	2	2	8	5	2	2	2	2	2	2	2



My name is Manisha Pudasaine. I am fifteen years old girl. I'm from the Makamwapur district. I live with my family in a rented room in Pharphing. There are six members in my family, my father, mother, two little brothers, a younger sister and me.

Since 11 Chaitra 2076 (end of March 2020) the lockdown started due to coronavirus. During the lockdown, we stayed inside our home. The disease mentally affected me as I used to think that I might die. I learned that the whole world was suffering due to this situation.

My father and mother work as laborer's in house construction, but because of that lockdown, my parents were stuck in a single small room. After 15 days, our food supply finished, and we had nothing to eat anymore.

We had a tough time. We ate only watery rice and a few grains. My mother managed to lend money from her friends so we could buy food.

My school management and CPCS also helped us by providing rice, dal, vegetable oil, iodine etc. That was very helpful. I also talked with CPCS Miss about my feelings.

Both my parents are working again. My mother's money was spent on food management and to pay our room rent, and my fathers' income is to pay back the loan.

Now, my parents are working, so we try to live our everyday life again.

Introduction

CPCS has developed services to encourage children in street situations for social rehabilitation as well as to protect them from risks. One of the main objectives is children reintegration into their community and, if conditions enable it, into their family. Through these programs, we try to provide the best solutions for them, according to their age, personal wishes, and family situation. In addition, we encourage them to get off the streets and help them, according to their wishes and to find their way to a better future, either through family reunification or by any other most appropriate means: non-formal education, formal education or vocational training.

THE IDENTIFICATION PROCESS

We try to collect as much information as possible about the child we meet. We have developed different strategies to identify the child and his family (questioning him, interviewing his friends, conducting field visits in the area mentioned by the child to inquire with the local people and local authorities ...).

THE FAMILY REUNIFICATION PROCESS

CPCS strongly believes that, to develop itself, the best place for a child is within his own family, if the situation makes it possible. In addition, children in street situations often express their will to go back to their house during counselling sessions or while interacting with the social worker. Family reunification success relies on the child's willingness to go back home and on the family's readiness to receive him again. CPCS never put pressure on a child to go back to his family or on the family to take back a child. We have developed a set of medium and long-term interventions with the families concerned, for each stage of the family reunification process. The family reunification social workers cell support these "before", "during" and "after" stages. CPCS interacts with the child, the social worker and the family to analyze for what reasons the child ended up on the street in the first place: poverty, family problems or other reasons.

We organize child counselling and family visits. After family visits, CPCS evaluates the possibility of reunifying the child with his family. CPCS acts as a mediator, motivating children to go back home with their families and reintegrate into society independently. Reunified children remain in contact with CPCS, making it possible to follow the evolution of the situation. As a consequence, it makes it possible for us to know if the child stays with his family or finally ends up back on the street. During festivals or other cultural events, CPCS allows children to visit their family, which is another way of voluntarily reuniting children with their family.

Shyam Nepali - I am 22 years old. I came to Kathmandu with my parents. My father was a policeman. he brought us from our village near Bhojpur to Kathmandu for the betterment and quality of life of each family members. But later on, I made some friends nearby Kopan, where I was staying with my family.

I have two elder brothers who finished their study and went abroad for a job and further studies. My parents and my siblings loved me very much.

I was weak in school. My teacher asked me for my homework, but I never complete my task. Slowly I'm not particularly eager to go to school. I was following other friends who were not enrolled in school. They work for KAWAD by searching themselves thronging goods, plastic, metal and tin and selling it to the KAWAD. They were free; they don't go back home, so I also started to stay with them. My parents frequently searched for me and tried to convince me to come home, but I never agreed. After a while, they were fed up, and they ignored me. I was happy; I was free.

I started to sniff glue, smoked hashish, cigarette, tobacco. Later on, I used hard drugs, tablets, TT.

Social workers from CPCS met me on the streets. When we are regular in the CPCS rehab, I was chosen for the schooling program, but I cannot stay long in the schooling program. I left CPCS and schooling program while I was a class 6 student. I reached Butawal again; there is also a CPCS shelter program. CPCS Sir and Miss try to convince me regarding the danger of life in a street situation. I went back to the KAWAD life.

I spend more than 14 years in the street.

Most of my friends were sending to Sober by 104 (police cell). My friends are involved in stealing and pickpocketing.

Nowadays there are no public vehicles no more people walking in street/footpath because of COVID-19 lockdown. This lockdown time is more critical and complicated than the last big earthquake, so I returned to CPCS again. Now I don't want to go to Sober, I want to go back to my family. I want to quit all my bad habits and drug use.

At his request, we (CPCS Family Reunification Team) visited his family. After some counselling sessions, the family agreed to take him back in their home.

De-institutionalization, Family-Based Care and Residential Schooling Support (RSS)

33 children were reunified with their families. The RSS program was launched in 2009 for children who had been reintegrated into their families but who need pedagogical support for their schooling? Underprivileged and poor families benefit from the education support. Some governmental authorities, CBOs

and partners, NGOs use our RSS support which is coordinated with our CLASS programs and with visits to schools and students by our prevention teams.

REHABILITATION MONTHLY STATISTICS (JAN-DEC 2020)

Particular		J	F	M	A	M	J	J	A	S	O	N	D	Total
OO	Youth Training	0	1	1	0	0	0	0	0	0	1	0	2	5
F/R	Family Reunification	7	8	1	0	0	2	3	3	0	1	3	1	29
F/V	Family Visit	5	6	1	6	6	3	3	2	0	1	2	7	42
CHP	Child Home Placement	1	1	1	1	0	0	0	0	0	0	0	0	4
O/R	Own Room	0	0	0	0	0	0	0	0	0	0	1	0	1
F/U	Follow Up	13	11	9	11	8	9	8	11	6	4	5	3	98

CPCS Drop In Center (DIC), Godawari

Because of the COVID-19 situation and the strict protocol in the centers, most children were welcomed and stayed in the Recovery Center. The CPCS Drop InCenter is dedicated to former street children who want to leave the street life in order to develop **themselves within a more positive and promising environment**. The children benefit from **three educational sessions** per day (*Nepali, English, mathematics, physical education, or personal hygiene*).

This program combines **education** and **socialization** through the arts and sports and helps restore children's **self-esteem**. It enables them to get over bad street habits such as drug addiction, violence, and pick pocketing, and prepares them for a more rigorous study program or family reunification. Children involved in these programs have spent time on the street enjoying total freedom and living in a world without any form of obligation or commitments, their stability often remains fragile and the temptation to go back to the streets is frequent. Therefore, CPCS particularly focuses on **personal counselling** thanks to our social workers and regular interventions with the psychological counsellors. After having **spent two months** in Rehabilitation, children who have not been reunified with their families join **the second Rehabilitation program** where more long-term solutions are considered such as referral to other NGOs for vocational training, or schooling programs.

CENTERS MONTHLY ATTENDANCE STATISTICS OF DIC

Drop In Centre (DIC), Godawari	Tot.	J	F	M	A	M	J	J	A	S	O	N	D
Sent from NCRC-104	41=23+18	5	5	4	0	0	0	1	0	0	2	1	0
Field from Organization CPCS	6	2	0	2	0	0	1	1	0	0	0	0	0
Family Reunification	26	6	6	1	0	0	1	5	1	1	0	3	2
Refer to Other organization	6	1	3	0	0	0	0	0	1	1	0	0	0
Send For Training	8	2	0	1	1	0	0	0	1	1	0	0	2
Drop Out	4	2	0	1	1	0	0	0	0	0	0	0	0
Pass away	0	0	0	0	0	0	0	0	0	0	0	0	0

Supported by La Chaîne de l'espoir – VieujantFoundation – Les amis de Sœur Emmanuelle

Emergency room for girls

The Emergency Room for Girls is under one roof with the Recovery Center. Girls in street situations and in high-risk circumstances find temporary shelter and a safe place here.

Teenage mothers with a baby are welcome in the emergency center. They can recover after childbirth and discuss solutions for the future together with the social worker and the psychologist. During their stay, the young mommy and baby are carefully monitored by the medical team. This facility has a full range of maternal and child equipment.

Young girl under the age of 12 are sent to the Rehabilitation Center in Dolakha if no family or other solution can be found. The rehabilitation process can take two to three months. If the child is lost, the police are informed, and social media and national television channels are used.

The Emergency Room for Girls will be expanded in the future new building in Godawari. There, girls will have two full rooms and their own sanitary facilities and a garden.



REDMI NOTE 8
AI QUAD CAMERA

Kalpana Dahal - My name is Kalpana and I am 17 years old. I used to live in a small rented room in Pashupati with my mother, elder sister, one older and one younger brother. My mother works as labourer in construction sites and my sister is already married and has one child. Even though she is married, she still lives with us. Both of my brothers make their living by finding coins and money bills in the Pashupatinath temple which people have offered to the Gods. My father was never a part of my life and I haven't seen him from when I was a small age.

I spent my childhood with my siblings, and my mother couldn't spend much time with us as she had to work. Most of my time I spent in the temple surroundings, and the streets nearby. Hence I was exposed to drugs and smoking from a very early age. I was surrounded by drug abusers and boys from the street.

One day I was high on drugs and at that moment, without my senses, I got physically involved with a boy who I still don't remember. Later I found out that I was pregnant. After six months of pregnancy, I was rescued by CPCS and they started looking after my medical expenses and took me to the doctor for regular checkups. They also provided me with psychological counseling sessions regularly which helped a lot with my stress during pregnancy.

After giving birth to a healthy boy, I started living in CPCS. I had become severely depressed after giving birth, but as time progressed it got better. After repeated counseling sessions I started becoming positive and became actively involved in taking care of my small son. I left behind all of my drugs and smoking habits. I also started helping others in CPCS to carry out the daily activities. This was time when the COVID-19 pandemic had started and there was a lockdown.

After the lockdown started I once went back to stay with my mother. However, I got scared after being back in that vulnerable environment which so was so rampant of drug, tobacco and alcohol abuse. I did not want to go back to that previous lifestyle. So, I came back to CPCS for the welfare and bright future of my child.





The Dolakha Rehabilitation center is **sheltering children rescued from street life** and/or life at risk. The idea is to bring back children within their community and/or family as soon as possible. **CPCS strongly believes that children belong to their family or village community and not to institutions.** This takes place in the context of "deinstitutionalization".

After the devastating **earthquakes in April and May 2015** many children escaped from their villages because there nothing left. Buildings and schools had been destroyed and, because of land shifts, no crops could be grown. People had lost everything: their cattle, their life stocks, their official documents, their belongings.

Due to Dolakha's geographical location, life is hard, and it is difficult to survive. After the earthquakes, the life of the poorest became even more difficult than before. As there was nothing left in their area, children and sometimes families decided to flee to the cities hoping to find work or at least a better life. Traffickers also became very active and led children with false promises to Kathmandu. Once arrived in Kathmandu, many children were left on their own or disappeared in networks. CPCS wants to bring these children back to their family.

There is a lot of poverty in the area. Most of the local residents are Thami, an ethnic group that has been suppressed for centuries. They are considered a « low caste », are paperless, do not have rights, neither property and have always worked on the landlords' fields. Often the farmer must deliver the yield to its owner and gets a small portion for his own use. CPCS supports schools in its CLASS prevention program. In cooperation with the local social workers, usually schoolteachers, it tries to find out which children cannot attend school because of the poor economic conditions of the family.

Considering the difficult circumstances in which schools should operate, **it was decided to offer support with libraries and game equipment.** Supported schools are encouraged to offer good education and give children opportunities to attend school. There are no medical facilities in the area where CPCS has built its rehabilitation center. Once former children in street situations or working children decide to leave the street life or their working life, they need a transition and a safe environment. Therefore, CPCS runs rehabilitation centers for both boys and girls. We believe in the importance of the **community participation and involvement**, and therefore think it is important to be close to the beneficiaries.

The objective is to support not only the children in the rehabilitation center but also the surrounding communities and to listen to their problems, their needs and seek solutions together. To do so, CPCS constructed a building for boys and girls separated, a recovery center with an ambulance service and a regional common room with a library and games. The common room is also opened for the surrounding communities. Many are the reasons that drive the children and their families to come to the center. Indeed, it can be for medical or legal purposes, to receive help for homework, to have a listening ear to everyday problems, or just for entertainment (to play, to watch tv, to have a snack).

- **15** boys in the rehabilitation / Schooling program in Dolakha.
- **34** children are daily coming to the regional center from local area (common room).
- **Over 100** families benefit from the common room, medical center and library.
- A total of **449** family members benefit from the program.
- **More than 500** children use the libraries in schools and regional office Deurali, Dolakha.

Goats and chicken farms provide for an exclusive use eggs and meat. In addition, the children strengthen their sense of responsibility and this is good for their self-esteem, which is an important tool in the rehabilitation process.

The local community benefits from awareness information and many awareness messages are spread, such as “do not send your daughters to the big cities to have a so-called better future”. The common room is a meeting point for the beneficiaries, residents as well as for the surrounding school children and their teachers. School children in two schools have access to a library and games.



DOLAKHA PROGRAMS MONTHLY STATISTICS JANUARY –DECEMBER2020

MEDICAL SUPPORT Dolakha	Total	J	F	M	A	M	J	J	A	S	O	N	D
No. of children (Out patients) treated	405	27	42	46	3	18	49	35	38	39	29	42	37
Patients admitted in clinic	17	1	0	2	1	1	2	0	5	3	1	1	0
In Patients bed Nights	59	3	0	5	3	2	4	0	21	8	5	8	0
No. Of community patients treated	800	69	77	119	15	69	54	62	62	85	61	83	44
Ambulance of referred community patients	36	2	0	0	0	0	2	0	9	0	1	10	12
Total # of referred CPR child patient	32	4	5	9	2	4	5	0	0	1	1	1	0
Children treated on the field	0	0	0	0	0	0	0	0	0	0	0	0	0

Sunita Thami – 12 years old - My school closed due to COVID-19 and we were scared of the pandemic. We got some poster, and Miss and Sir gave us some explanations. We had no food during the lockdown time. We depend on our grandfather but he was jobless. The government did not help us.

CPCS distributed relief for us in Lamanagi area. It's challenging to live during a lockdown without any work nor support. But at least CPCS helped us. It was a big help to us. If CPCS had not provided us with food and hygiene item, how would have we survived this lockdown time ?

I go to the Regional Center every day. Miss and Sir help me with school work. We cannot take online classes at home because we have no internet and no computer.

I can also play with friends and girlfriends, I always have to work at home.

When I don't feel well, I can rest in sick bay.

I like the center and all Miss and Sirs. They love me too.

The Schooling Program

Due to family problems or lack of information on the location of families, family reunification is sometimes not suitable for some children in street situations. Therefore, **CPCS has developed a schooling program** in order to offer them services adapted to their situation. Through schooling, the children socialize, meet other children and get out of the street environment. It allows them to enter and be part of another community different from street situations. Children attend government schools and pass exams just like any other students. They attend classes in Nepali, English, mathematics, social studies, sciences, and sports.

Most children in street situations used to attend school in their hometown. However, because of illiteracy and other social problems, education is rarely a priority for the parents. This leads to frequent absences from school and dropouts. The general level of education is also very low in rural areas of Nepal. Additionally, the time children have spent in the street results in a large gap in their education. Hence, CPCS has developed good and close relationships with each of the schools that children attend. The teachers help the CPCS social workers to assess the child's level and the class to which he or she should be admitted. CPCS is slowly decreasing its residential schooling support programs to focus on family reintegration and community-based care. It decreased from 110 to 84 students in different CPCS centers this year. Several students went back home, and some others joined the Rehabilitation program.



The Youth Program

Due to the lockdowns, the mobility of youth and social workers was very limited. Most young people were approached and encouraged in the street during fieldwork. Many former children in street situations are above sixteen and have been referred to the youth program. They are going through adolescence and deserve a specific kind of attention. They need to have responsibilities and to be fully involved in their Rehabilitation process so it can be successful. Young people of this age who have spent time on the streets are likely to engage in delinquency or criminal activities.

The Youth programme was developed with the idea of providing services and means of intervention adapted to the particular needs of these young people. CPCS does so by giving them responsibilities and guidance towards the youth's professional life and future according to their literacy, educational background and wishes. CPCS encourages youth's responsibility (*participation in daily work life, involvement in CPCS programs, tuition, office support, help in the kitchen, discussion groups*) and possibility to work as a volunteer.

Youth can also choose between different options offering progressive responsibilities:

- ✓ A training in 5 levels leading them to become a social worker: first as a junior social worker, then as a social worker assistant before becoming a social worker.
- ✓ Vocational trainings in various fields (electricity or mechanics for example) provided by partner organizations.
- ✓ Art and sport informal classes.

CPCS also organizes awareness programs and orientation for youth to motivate them and talk about their family, personal life, skill training, vocation center, personal hygiene, personality, citizenship and personal identification. It is held on different dates. It focuses on street youth and rehabilitation centres youth. Seven young people live in Godawari.

YOUTH PROGRAM MONTHLY STATISTICS (JAN – DEC 2020)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Scholarised Youth (beg)	0	0	0	0	0	0	0	0	0	1	1	2
Non-scholarised Youth (beg)	4	4	6	7	7	7	6	7	5	6	7	6
New Youth	1	3	3	0	0	0	1	0	2	2	3	1
Family Reunified Youth	1	1	1	0	0	1	0	0	0	0	1	2
Internally Referred youth	0	0	0	0	0	0	0	0	0	0	0	0
Other Ngo Ref Youth	0	0	0	0	0	0	0	2	0	1	1	0
Drop out Youth	0	0	0	0	0	0	0	0	0	0	0	0
Scholarised Youth (end)	4	6	7	7	7	6	7	5	7	8	8	7

My name is Roshan. I am now 19 years old. My home is in Sarlahi. When I was little, my mother left me and my father brought a stepmother. The situation at home then deteriorated itself : there was a lot of arguing and shouting and I couldn't stand it anymore. I left home at the age of 9 and came to work in a hotel in Kathmandu. I quit my job at the hotel and started living on the streets because I had to fight and work a lot in that hotel.

I spent a lot of time on the streets and became addicted to drugs. When I was on the road, I begged a lot and also worked, like picking plastic. One day there was an incident with friends from another street group and I got into a fight with my friends and other people while sitting on the road. In that incident some boy stabbed me with a knife in my back and I became disabled.

Now my physical condition is weak but improving. I have been able to walk for about two years. During this time, I have been helped a lot by a social organization called CPCS. In this connection, I also stayed in many organizations and drug rehab centers. Now I am in the same institution where I learned to make paintings and also make music myself.

My father passed away two years ago and my stepmother also left me. I have a brother and sister at home. They live at my uncle's house. CPCS supported me with making my citizenship card and now I am a Nepalese citizen, maybe I will stay at home for a while and I am also planning to do what I have learned from the social workers. They advised me about life and how to use my skills.



ADMINISTRATION

Child Protection Centers and Services International was established formally in December 2005 (but have run activities since July 19th, 2002). It is meant to help children at risk and children in street situations. After 11 years of partnership with CPCS NGO, three new organisations have been created to implement CPCS International Activities in other Districts: CPCR (Dolakha), CRPC (Sindhuli) and ORCHID (Morang). The **CPCS Alliance** coordinates all the 4 Nepali partners NGOs (and 3 Country Office abroad) and ensures proper monitoring and efficiency.

The team (In Nepal)

The CPCS team in 2020 gathers **72** professionals (*members of the 4 NGOs grouped under CPCS-Alliance, regular and part-time*). The team is continuously changing with some staffs choosing new directions and new staffs joining the adventure.

Position	Name
International General Director (CPCS- INT)	Mr. Jean-Christophe Ryckmans
Country Director (CPCS- INT)	Ms.Inge Bracke
Deputy Country Director (CPCS- INT)	Mr.NawarajPokharel
General Director (CPCS- INT)- Program	Mr.Bijesh Shrestha
Center Director (DIC Godawari)	Mr.AitarajLimbu
National Director (Monitoring Evaluation Partnership) (CPCS-INT)	Mr.Ekta Narayan Pradhan
Deputy Centre Director (DIC Socialization)	Mr.Kailash Rawal
Financial Manager	Mr.Tek Bahadur Paudyal
Accountant	Mr.Bikram Bahadur Bohora
Assitant Accountant	Mr.Bijaya Adhikari
Reunification and deinstitutionalization officer	Mr.Badri Prasad Sharma
Reunification assistant	Mr. Rajendra Rokka
Center Director (Regional)	Mr.Padam Adhikari
Program Director (Legal)	Mr. Hem Bahadur Budhathoki
Program Coordinator (Medical)	Ms. Kamala Timalsina
Psychologist	Ms.Ranju Shrestha
Expert (Public Relations)	Mr.Dabal Pandey
Program Officer – Socialization	Mr.Nabaraj Baniya
Driving officers (senior)	Mr. Krishna Prasad Dhital
Driver	Mr. Krishna Kumar Nepali
Health Assistant (Recovery Center)	Mr.Saroj Khanal
Health Assistant in charge	Ms. Kalmala Timalsana
Health Assistant (Prevention)	Mr.Mabin Rai
Health Assistant (Prevention)	Mr. Santosh Khatri
Nurse	Ms.Sangita Pradhan
Data Officer/Emergency Line	Mr.Gunja Lama

The Management (In Nepal)

CPCS is composed of a **Board of Directors** and an **Executive Management Committee**. The organization gathers various areas of expertise: legal, social, fieldwork, administration, management, and medical. The employees work in different centers and programs ensuring services from dawn to dusk.

THE BOARD OF DIRECTORS

Members of the board of director from different NGO's could usually meet each other. They work on the organization of the operations and events. In fact, plans elaboration should permit to ensure a good future for CPCS International.

THE EXECUTIVE COMMITTEE (CDC – Central Direction Committee)

This committee is mandated by the Board of Directors to ensure the overall coordination and daily management between centers and divisional directors. The Committee takes decisions or discussing on different subjects: the implementation of the Board of Directors, the coordination and efficiency of CPCS's projects, centers and programs or the suitable way of information to the team and the Human Resources Management. Then, proposals of meetings are submitted to the executive board for approval.

THE STAFF MEETINGS

Once a week, the staff from all the centers has a meeting with the children "ministers". It is essential for them to flow properly information from the top to the bottom and reverse. All the children elected by their peers to represent a program at the meeting are present. CPCS frequently organized internal training for staffs about Child Protection Policy leaded by our lawyers.

CPCS organizes every month different kind of trainings and meetings for CLASS LSA from Kathmandu valley. So, all LSAs participate. The training covers the child rights and the issues of CLASS programs.

IMPLEMENTATION OF CHILD PROTECTION POLICY

CPCS often organizes monitoring sessions for staffs to implement and inform about child protection at work. 36 staffs attended the program. They came from different centers in Kathmandu and out of the valley.

Child participation

CPCS has created a children's central government. Government members are elected democratically by all the children and meet each other every week in Godawari. These meetings permit to give children an opportunity to get themselves heard. Those meetings are separated in two different phases. Firstly, every child can give their opinion about their own center. Then, there is an in-depth discussion about ideas or comments that were brought up by the children. After every meeting, the government members write a report about what was said and possible required actions.

The children have formed a court of Justice to ensure that the system works and that the rules are followed properly. The objective of this government is to make the children aware of the management of the centers and their daily lives and to teach them how society works.

CPCS provides a "suggestion box" in every center where children can put their comments, critics and/or suggestions. The box is opened every month with representatives of the children, a lawyer and the President. The proposals are submitted during CDC meetings. Most of the program's improvements come from children's own suggestions.

Networking with NGOs and other Child Protection Organizations

Coordination with organisations, mainly through the orientation of young people towards vocational training and skills.

- ✓ Regular coordination with the *Center for Children Search and Found or 104 (CCSF, BalbalikaKhojtalash Kendra)*, whose mission is to search lost children's families, to inform about lost children (*they do not know their home address*) and to reduce the risks of violence, abuse, or exploitation of children.
- ✓ Collaboration with Kitini Higher Secondary school, and others which managed the enrollment of CPCS' children at school and offered support for their academic growth and development.
- ✓ The National Child Right Council organized meetings on the rehabilitation of children living in Kathmandu streets.
- ✓ Series of meetings were held by a ministry of women, children and social welfare (**MOWCSW**) and **NCRC** with other active NGOs for consultation and partnership. Ministry and **NCRC** already made the guidelines to regulate and monitor the Children-in-street-situations work in Kathmandu Valley. The NGOs that participated in the meeting were: CWIN, SAATHI, SATHATH, PRAYAS, and KHUSHI, VOICE OF CHILDREN CONCERN, HEARTBEAT.

OUTLOOKS FOR 2021

- Reinforce the rehabilitation program with specific mid-term care in the Dolakha Regional Center (for girls and boys).
- Improving our innovative approach ensuring access to schools by accessing Basic Health Care (Public Schools). – BHCA – Better Health Care Access.
- Focus on prevention / Family – based support.
- Deinstitutionalize more children in street situations or children at risk and improve the reintegration process to ensure the reunification of children with their families.
- Improve support and services to children in street situations out of Kathmandu valley and focus better on their legal support. (through the progressive implementation of the recommendation 21)
- Quality improvement and child protection / participation. (kids as rights-holders)
- Improve the socialization centre (Short-term care) in Kathmandu valley and opening of a new DIC in Morang area.
- Finished construction of the Recovery Center/office building Godawari Land.
- Improve the CPCS structure (board, CDC, management) with multiple local partners and develop the International Alliance (The CPCS Alliance).
- Ensure the development of the Dynamo International Regional Alliance (Asia) and start a fruitful collaboration with Child Safe Alliance (Cambodia-based in Friends International).
- Reinforce our link and partnership with local authorities (DDC, SWC, NCRC, MOWCSW).
- Implement better the new Human Resources and Financial policy.
- Improve the implementation of Child Protection Policy among staffs.
- Open a Youth Support Program in Dolakha including farming, rehabilitation and trainings (for girls and boys).
- Reinforce the Sindhuli and Morang Regional Centers to ensure long term, costs-effective and efficient support.
- Adopt new strategies/methodologies to keep working with children in street situations (including street work, field, local partnerships).
- Improve our monitoring and reporting system and expenses control.
- Recovery Center and administration moving to the new building in Godawari.

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CPCStan

CPCStan is a student association in Cannes (an association constituted in accordance with the French law of 1901 concerning non-profit organizations) raising funds for CPCS and creating awareness about the children's living conditions in Nepal.

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